

2007-08
ATLANTA WEED AND SEED REQUEST FOR PROPOSALS
STRENGTHENING THE VINE CITY COMMUNITY

Agency/Group/Collaborative: _____

1. INFORMATION ABOUT APPLICANT:

President/Chair/Leader/Agency Head: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Best Time to Call: _____ A.M. _____ P.M. Email: _____

When was your agency/group formed? _____

(neighborhood groups only)

How often does the group meet? _____

(neighborhood groups only)

Is your group a 501c(3) tax-exempt non-profit organization? _____ YES _____ NO

Federal Tax Identification Number: _____

How many residents are actively involved in group activities? _____

Please briefly describe the residents who will participate in the activities.

Resident	Responsibility

Has your group received grants from other funders? _____ YES _____ NO

If yes, please provide background on your group's previous funding: (list all 2005 and 2006 funds)

Grant Source	Amount	Date Received	Purpose of Funds

Please provide contact information for at least five key leaders on your team:

1.	<hr/>			
	President/Chair/Leader			
	<hr/>	<hr/>	<hr/>	<hr/>
	<i>Address</i>	<i>Zip</i>	<i>Phone</i>	<i>Email</i>
2.	<hr/>			
	Member			Title
	<hr/>	<hr/>	<hr/>	<hr/>
	<i>Address</i>	<i>Zip</i>	<i>Phone</i>	<i>Email</i>
3.	<hr/>			
	Member			Title
	<hr/>	<hr/>	<hr/>	<hr/>
	<i>Address</i>	<i>Zip</i>	<i>Phone</i>	<i>Email</i>
4.	<hr/>			
	Member			Title
	<hr/>	<hr/>	<hr/>	<hr/>
	<i>Address</i>	<i>Zip</i>	<i>Phone</i>	<i>Email</i>
5.	<hr/>			
	Member			Title
	<hr/>	<hr/>	<hr/>	<hr/>
	<i>Address</i>	<i>Zip</i>	<i>Phone</i>	<i>Email</i>

2. INFORMATION ABOUT PROJECT:

Briefly describe the project:

Estimate number of persons to be served _____ Estimate number of volunteers _____

Will your project:

Establish a new program/service?	_____
Continue an existing program/service?	_____
Expand an existing program/service?	_____

--

1	
2	
3	
4	

- ☐ Decrease overall crime in Vine City
- ☐ Increase resident and stakeholder participation in addressing public safety
(Required active participation with sector initiative)
- ☐ Develop drug prevention and or human service coalitions(s)
(Required active participation on the coalition(s))
- ☐ Youth in positive summer and after-school activities
- ☐ Create adopt-a-lot programs and community gardens

How many residents will be affected by this project? _____

(List the activity and the task needed to complete the activity for the program)

[illegible]

When will this project begin? _____ When will the project end? _____

Neighborhoods have valued resources and assets. Examples include the volunteer efforts of residents; the physical assets represented by parks, open space, and public buildings such as schools, libraries and community center; and institutional resources such as businesses, non-profit agencies, and churches. How will the project or activity make use of the assets or resources in the neighborhoods to accomplish its neighborhood strengthening goals?

Resource/Assets	Use of Resource

How will you know if the project or activity has been successful?

Technical assistance is provided to build leadership and successful projects. Please describe the type(s) of assistance your group will need to support leadership and completion of the project:

Type of Assistance	
1	
2	
3	
4	

Have you or any of the leaders listed above participated in Community Foundation of Greater Atlanta "Neighborhood Fund Leadership Institute" (NFLI)? ____ YES ____ NO

List three persons that will participate in leadership and project technical assistance.

1	
2	
3	

Provide a budget for your project in the table below. Organize your expenses into the categories listed below in the column entitled "EXPENSE ITEM". For each expense item, please indicate the dollar amount that you hope to fund through this grant in column A. "This Grant". Indicate in the dollar amount that you hope to fund through other source in column B "Other Sources". In the column entitled "TOTAL (A+B)", please indicate the total budgeted amount for each expense item. Please also total all columns in the TOTAL row at the bottom of the budget table. See "GUIDELINES "for helpful tips in completing budget.

PROGRAM EXPENSE	WEED AND SEED (A)	OTHER SOURCES (B)	TOTAL (A+B)
Personnel			
Fringe Benefits			
Travel/Training			
Equipment			
Supplies (Food, snacks, office supplies, copies, postage, tokens, etc.)			
Consultant/Contracts			
Total Expenses			

Budget Detail and Narrative

PROGRAM EXPENSE	WEED AND SEED ONLY - Be Specific
Personnel	
Fringe Benefits	
Travel/Training	
Equipment	
Supplies (Food, snacks, office supplies, copies, postage, tokens, etc.)	
Consultant/Contracts	
Total Expenses	

CERTIFICATION

I do hereby certify that all facts, figures and representations made in the application are true and correct. Furthermore, all applicable statutes, regulations, and procedures for program compliance and fiscal control will be implemented to ensure proper accountability of funds.

I certify that my organization will participate and support overall activities in Vine City community:
(Please check two maximum)

- ☐ Public Safety Sector Initiative
- ☐ National Night Out
- ☐ Parent Patrol
- ☐ Together Everyone Achieves More (T.E.A.M.) Building Camp
- ☐ Vine City Public Safety Committee
- ☐ Vine City Youth Committee
- ☐ Vine City Development Committee
- ☐ Vine City Community Meetings (2 maximum)

I certify that the funds requested in this application will not supplant funds that would otherwise be used for the same purpose.

Signature of President/Chair/Leader:

Date:

Project Supporter

Date:

Project Supporter:

Date: